

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

| | |
|---------------------------------|-------------------------|
| Application Number 10.644163 | Filing Date 11-14-05 |
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 16 | | | | | |
| Total Claims | 19 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | | | | |
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